



Project:	Location :	Date:
Name	Crew Leader/Member	Signature
	Leader <input type="checkbox"/> Member <input type="checkbox"/>	
	Leader <input type="checkbox"/> Member <input type="checkbox"/>	
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☐ Pre-existing Health Conditions?

Description of work: (ex. Culvert assessments, electrofishing, water sampling, redd surveys, RPAS surveys etc.)

Site Conditions:

Clear	<input type="checkbox"/>	Dry	<input type="checkbox"/>	Hot	<input type="checkbox"/>	Cloudy/Broken	<input type="checkbox"/>
Raining	<input type="checkbox"/>	Wet	<input type="checkbox"/>	Warm	<input type="checkbox"/>	Foggy	<input type="checkbox"/>
Snowing	<input type="checkbox"/>	Muddy	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Icy/Snow Covered	<input type="checkbox"/>

Site Risks and Hazards. Job risks:

Wildlife	<input type="checkbox"/>	Slippery and/or uneven ground	<input type="checkbox"/>	Chainsaw/knife/loppers (cuts)	<input type="checkbox"/>
Swiftwater	<input type="checkbox"/>	Exposure (heat/cold)	<input type="checkbox"/>	Electric Shock (electrofisher)	<input type="checkbox"/>
Remote worksite	<input type="checkbox"/>	Machinery	<input type="checkbox"/>	Open water	<input type="checkbox"/>
Traffic	<input type="checkbox"/>	ATV/Sled (roll over/burns/collision)	<input type="checkbox"/>	Overhead Snags	<input type="checkbox"/>
Bush roads	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Sharp shrubs (eye injury)	<input type="checkbox"/>
Dogs	<input type="checkbox"/>	Helicopters (rotors, lines, stranding)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Plans Reviewed:

Emergency Response Plan	<input type="checkbox"/>	Field Safety Plan (Call in / Call out Procedures)	<input type="checkbox"/>
Safe Work Procedures	<input type="checkbox"/>	Roles and Responsibilities	<input type="checkbox"/>

Personal Protective Equipment Checklist/Inspection:

Hi-Vis Vest	<input type="checkbox"/>	Protective footwear (assess condition)	<input type="checkbox"/>	Throw Bag	<input type="checkbox"/>
Cell phones / radio / spot	<input type="checkbox"/>	Hard Hat	<input type="checkbox"/>	PFD	<input type="checkbox"/>
Waders / Wading Belt	<input type="checkbox"/>	Water/ Food supplies	<input type="checkbox"/>	Dry Suit	<input type="checkbox"/>
Bear Spray/Bangers	<input type="checkbox"/>	Rainwear/ Weather Wear (extra coat)	<input type="checkbox"/>	Linesman Gloves	<input type="checkbox"/>
Level 1/ Personal FA Kit	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Whistle	<input type="checkbox"/>

Machinery Inspection (Vehicle/Trailer/ATV)

Vehicle ID _____

Obvious damage/leaks	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>
Headlights / tail lights / Signals	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	<input type="checkbox"/>	<input type="checkbox"/>	Uneven tire wear/rough steering?	<input type="checkbox"/>	<input type="checkbox"/>
Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	Safety/Emergency information	<input type="checkbox"/>	<input type="checkbox"/>
Radiator fluid	<input type="checkbox"/>	<input type="checkbox"/>	Spare Tire/ Jack	<input type="checkbox"/>	<input type="checkbox"/>
Windshield fluid	<input type="checkbox"/>	<input type="checkbox"/>	Suspension/Steering	<input type="checkbox"/>	<input type="checkbox"/>
okay	<input checked="" type="checkbox"/>	<input type="checkbox"/>	needs attention	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Housekeeping for Slips, Trips and Fall Prevention:

Slippery/uneven ground	<input type="checkbox"/>	Spills	<input type="checkbox"/>	Unsecured mats, tiles, carpets	<input type="checkbox"/>
Loose debris	<input type="checkbox"/>	Cables/cords	<input type="checkbox"/>	Smoke/Steam/Fog view obstruction	<input type="checkbox"/>
Poor lighting	<input type="checkbox"/>	Barriers in place	<input type="checkbox"/>	Good footwear	<input type="checkbox"/>

Types of injuries that could occur:

Sprains/breaks/bruises	<input type="checkbox"/>	Crush injuries	<input type="checkbox"/>	Electrocution	<input type="checkbox"/>
Cuts/lacerations	<input type="checkbox"/>	Head injuries	<input type="checkbox"/>	Traffic accident related	<input type="checkbox"/>
Drowning	<input type="checkbox"/>	Exposure	<input type="checkbox"/>	Repetitive Strain (eg.tendonitis)	<input type="checkbox"/>

Barriers to first aid being provided to injured worker:

Unsafe Accident Scene	<input type="checkbox"/>	Victim/ Attendant Panic and/or Shock	<input type="checkbox"/>
Remote worksite (distance to Hospital/Vehicle)	<input type="checkbox"/>	Time to get Level 1 kit from vehicle if required	<input type="checkbox"/>
Slippery / Steep and/or uneven ground	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

First Aid Assessment (Check one) – See Appendix 8 of H&S Plan for details/lower requirement scenarios

Scenario	Requirement
<input type="checkbox"/> <6 – 30 workers and > 20 minutes from hospital and “low” risk of injury	Level 1 Certificate and Level 1 Kit
<input type="checkbox"/> 6 – 15 workers and > 20 minutes from hospital and “moderate” risk of injury	Level 1 Certificate, Level 1 Kit, Transportation endorsement and ETV equipment
<input type="checkbox"/> 6 – 10 workers and > 20 minutes from hospital and “high” risk of injury	Level 1 Certificate, Level 1 Kit, Transportation endorsement and ETV equipment
<input type="checkbox"/> 11 – 30 workers and > 20 minutes from hospital and “high” risk of injury	Level 3 Certificate, Level 3 Kit, dressing station and ETV

☐ Discuss incidents and close calls in past similar work (reasons for incident/close call and corrective actions taken/to be taken to avoid similar situations).

☐ **Discuss Relevant Industry Alerts:**

Overhead hazards (snags/branches)	<input type="checkbox"/>	Secure contents in vehicles	<input type="checkbox"/>	Bears	<input type="checkbox"/>
Winter Driving Preparation	<input type="checkbox"/>	Alert while Driving	<input type="checkbox"/>	Vehicle Maintenance	<input type="checkbox"/>
Unstable machinery	<input type="checkbox"/>	Floods and Landslides	<input type="checkbox"/>	Devils Club in eyes	<input type="checkbox"/>

☐ **Additional Safety Comments:****Worker Assessment**

Worker: _____ Assessed by: _____

Can identify worksite hazards	<input type="checkbox"/>	Wears hard hat / protection	<input type="checkbox"/>
Is alert and focused on job	<input type="checkbox"/>	Uses required hearing protection	<input type="checkbox"/>
Demonstrates safe use of tools & equip.	<input type="checkbox"/>	Wears high visibility / protective clothing	<input type="checkbox"/>
Demonstrates proper use of seat belt	<input type="checkbox"/>	Wears appropriate footwear for job	<input type="checkbox"/>
Has required license / certificate(s)	<input type="checkbox"/>	Wears wading belt / bear spray	<input type="checkbox"/>
Worker is Competent	<input type="checkbox"/>		

Feedback: _____

Signatures: Worker: _____ Assessed by: _____

☐ **Call In/Call out Numbers**

Crew Member		Personal Emergency Contact	Personal Emergency Contact #
Allan Irvine	250 777 1518	Tara Stark	250 352 5311 Cell: 250 505 9489
Inreach text (al)	226 241 6177 allanirvine75@inreach.garmin.com		

☐ **Emergency Contact Info:**

	Kaslo	Grand Forks	Nelson	Fernie	Creston	Mackenzie
RCMP Search&Rescue	911	911	911	911	911	911
Hospital	250 353 2225	250 443-2100	250 352-3111	250 423 4453	250 428 2286	2509973263
Poison Control	1 800 567 8911					

(250) 565-2000 Prince George Hospital

Report All Incidents and Close Calls on Incident/Close Call Reporting Form In Safety Binders in Vehicles